:									Application or Docket Number						
٠.	PATENT APPLICATION FEE DETERMINATION REC R Effective Octob r 1, 2003									10759954					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE (				OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS 20						• .			RATE FEE		]	RATE	FEE		
FOR			NUMBER	FILED	NUM	NUMBER EXTRA			BASIC FEE 385.00		OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			70 mi	nus 20=	· 60			XS 9=		_	OR	X\$18=			
INDEPENDENT CLAIMS			5 in	inus 3 =	* &	• 2			X43= 86		OR	X86=			
М	ULTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		1	OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2							į	TOTA			OR	TOTAL			
CLAIMS AS AMENDED - PART II											,	OTHER	THAN		
(Column 1) (Column 2) (Column 3)								SMAL	LE	NTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING APTER AMENDMENT		HIGHI NUME PREVIO PAID	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL: FEE		
	Total	1.//	Minus	- C	•	=		X\$ 9=			OR	X\$18=			
	Ind pendent		Minus			•		X43=	7	/	OR	X86=			
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		ا ا	+145=		1.	OR	+290=			
								TOT		/ -	OFI	YOTAL			
(Column 1) (Column 2) (Column 3)												ADDIT. FEE!			
		CLAIMS	ſ	HIGH	ST		l		4	ADDI-			ADDI-		
AMENOMENT B		REMAINING AFTER AMENSAGENT		PREVIO PAIDT	USLY	PRESENT EXTRA		RATE	ŀ	TIONAL FEE		RATE	TIONAL FEE		
	Total	. 19/1	Minus	-(/	-)			X\$ 9=		. /	OR	X\$18=	•		
	Independent	NTATION OF MIL	Minus	SENIDENT	<u> </u>			X43=			OR	X86=	•		
<u>-</u>	rinai Phese	HANDAGOF MIL	LITTLE DE	- 140,C141		<u> </u>	' [	+145=			OR	+290=	•		
							A	TOTA DDIT. FE		· ·	OR,	TOTAL ADDIT, FEE			
(Column 1) (Column 2) (Column 3)												· ·			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	•	. HIGHE NUMB PREVIO PAID F	er Usly	PRESENT EXTRA		RATE		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	-		<b>.</b>		X\$ 9=	T		OR	X\$18-	٠.		
	Independent	•	Minus	•••		•		X43=	+		.	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							V42=	+		OR	~~~~			
											OR	+290= .			
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***OPT TOTAL ADDIT. FEE  ***OPT TOTAL ADDIT. FEE															
	The "High st Num	ber Previously Paid	For (Total or	Independer	10) is the	highest number	r four	d in the s	ppr	opriate bax	in cal	amn 1.			